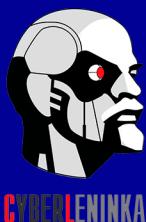


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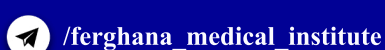


№1

2023 y

ISSN 2181-3531

www.fjsti.uz



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ФЕРГАНСКИЙ МЕДИЦИНСКИЙ ИНСТИТУТ ОБЩЕСТВЕННОГО ЗДОРОВЬЯ

ЗНАЧИМОСТЬ ВОПРОСНИКА SF-36 ДЛЯ ОЦЕНКИ СОСТОЯНИЯ ЗДОРОВЬЯ ЖЕНЩИН, РОДИВШИХ ПЕРЕНОШЕННЫХ

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Аннотация. Нами представлены результаты анализа показателей качества жизни женщин родивших переносенных детей в основной группе и в контрольной группе женщин с нормальными родами (т.е. женщин, родивших до 42 недель). Среди родивших женщин исследован профиль качества жизни, выявляя основные направления их жизненных проблем: физическое и психическое здоровье, социальное функционирование и другое. Рассмотрены количественные характеристики физического, эмоционального и социального компонентов качества жизни респондентов. Показана необходимость разработки комплекса профилактических и реабилитационных мероприятий для сохранения и укрепления женского здоровья. Целью исследования явился гигиенический анализ и оценка качества жизни женщин с переносенностью.

Ключевые слова: переносенность, качество жизни, SF-36 вопросник

MUDDATIDAN O‘TIB TUQQAN AYOLLAR SALOMATLIGINI BAHOLASHDA SF-36 SAVOLNOMASINING TUTGAN O‘RNI

Ermатов N.J.¹, Bobomuratov T.A.¹, Sagdullayeva M.A.¹,
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Annotatsiya. Muddatidan o‘tib tuqqan ayollarning hayot sifati ko‘rsatkichlari va normal tuqqan ayollarning nazorat guruhida (ya'ni 42 haftadan oldin tuqqan ayollar) tahlil natijalari keltirilgan. Tuqqan ayollar orasida hayot sifati profili o‘rganilib, ularning hayotiy muammolarining asosiy yo‘nalishlari: jismoniy va ruhiy salomatlik, ijtimoiy faoliyat va boshqalar aniqlandi. Respondentlarning hayot sifatining jismoniy, hissiy va ijtimoiy tarkibiy qismlarining miqdoriy xususiyatlari ko‘rib chiqiladi. Ayollar salomatligini saqlash va mustahkamlash bo‘yicha profilaktika va reabilitasiya kompleks chora-tadbirlari ishlab chiqish zarurligi ko‘rsatilgan.

Tadqiqotning maqsadi muddatidan o‘tib tuqqan ayollarning hayot sifatini baholash va gigienik tahlil qilishdan iborat.

Kalit so‘zlar: muddatidan o‘tib tug‘ilgan, hayot sifati, SF-36 so‘rovnoma

THE SF-36 QUESTIONNAIRE IN ASSESSING THE HEALTH OF WOMEN WITH PREMATURE BIRTH**Ermatov N.J.¹, Bobomuratov T.A.¹, Sagdullaeva M.A.¹, Adilov Sh.K.¹,****Sagdullaev I.I.¹, Sidikov A.A.²****¹Tashkent Medical Academy****²Ferghana medical institute of Public health, Ferghana region**

Abstract. The article presents the results of analysis of indicators of quality of life of women who gave birth prematurely and in a control group of women with normal birth (ie, women who gave birth before 42 weeks). The profile of the quality of life among the women who gave birth was studied, and the main areas of their life problems were determined: physical and mental health, social activities, etc. Quantitative characteristics of physical, emotional and social components of respondents' quality of life are considered. The need to develop prevention and rehabilitation complex measures to protect and strengthen women's health is indicated. **The purpose of the study** is women who gave birth after the term consists of assessment of quality of life and hygienic analysis.

Keywords : preterm birth, quality of life, SF-36 questionnaire

The urgency of the problem. The ontogenetic process of children depends on the state of their development in the mother's womb and the state of birth at term. According to the recommendations of the International Association of Obstetricians and Gynecologists (FIGO) and the American Society of Obstetricians and Gynecologists (ACOG), a pregnancy of 42 weeks or more is interpreted as a state of late term.

If a pregnancy lasting more than 287 days is counted as an overdue pregnancy in a local obstetrician, it will end with the birth of a child with biological signs of extreme maturity. In the remaining observations, the extension of the gestation period, in which the pregnancy lasts more than 287 days, is observed with the fetus not suffering and ends with the birth of a healthy child without signs of maturation, and is considered as a physiological state aimed at the termination of the fetus [7,9].

Preterm pregnancy rates vary from 0.4% (Austria and Belgium) to 5.5–7.0% (Denmark and Sweden) in European and American countries [2,3]. In the Russian Federation, this indicator varies in the range of 1.4–16.0% [4]. Accurate determination of due dates is crucial for diagnosing preterm pregnancies, as errors in determining the intended due date are common. Ultrasound diagnosis of early pregnancy to determine the intended term of delivery reduces the risk of errors in the diagnosis of term pregnancies from 12% to 3% [8,10]. The study of the problem of premature birth in pregnancy remains relevant to this day, because most researchers evaluate the process of late pregnancy and premature birth with a high rate of complications [6,8,11,12,14, 16].

The rate of preterm pregnancy, according to different authors, ranges from 2 to 14% [17]. Premature delivery poses a risk to both the health of the mother and the health of newborns [6, 14]. According to WHO's definition, quality means seeing a person from the point of view of culture and value in life, understanding his physical, mental and social condition [15,18, 19]. Studying the quality of life in various diseases is an urgent problem in the treatment of patients. The study of the quality of life is closely related to the health of a person, and it is based on the subjective feelings of a person [19] . Quality of life (HS) helps the patient to study his disease, its treatment from a physical, psychological, emotional and social aspect [1,5,18]. Assessing the quality of life of postmenopausal women and protecting maternal health and preventing diseases resulting from it is one of the urgent problems facing workers in the field today.

The purpose of the study is women who gave birth after the term consists of assessment of quality of life and hygienic analysis.

Materials and methods of research. Research work SF-36 questionnaire was conducted to study the quality of life of mothers of children born prematurely, that is, among (100) women who gave birth after their term and (100) women who gave birth on term, and they were compared with each other .

The SF-36 (Medical Outcomes Study Short-Form 36) questionnaire is a widely used standardized questionnaire to assess the quality of life in the population, it helps most patients to evaluate various components of their life during the disease, and various studies have evaluated the quality of life through this questionnaire [5, 7] .

To study women's quality of life, the SF-36 questionnaire was scored for each question and calculated for each scale. In general women's evaluation of life, questions were asked on 8 scales. These questions include (1) physical activity (PF); (2) based on the role of physical activity in human life (RP); (3) pain scale - (BP); (4) general health status -(GH); (5) vitality scale-(VT); (6) scale reflecting social functioning-(SF); (7) scales based on the role of emotional-emotional activity in human life - (RE), (8) mental state (MN) were calculated and analyzed.

Analysis of the obtained results. Data were collected based on the quality of life indicators of women in each group. When the age indicators of women who gave birth after term were studied, 12% of them were women under 18 years old, 38.6% were women between 20 and 35 years old, and 49.4% were women over 35 years old.

When examined in the questionnaire, it was shown that the physical and mental condition of women who gave birth after the term was much lower in the last months and at the time of examination (see Table 1). As can be seen from the obtained results, it was found that there are significant differences in women who gave birth on time (the main group) compared to the control group of women who gave birth on time.

Table 1

SF-36 questionnaire indicators of physical and psychological components of health

No	SF-36 scale indicators	Average scores for women who gave birth past term (M)	Average scores for women who gave birth at term (M)	P
1	PF	76,3	83,3	<0,001
2	RP	52,1	67,3	<0,001
3	BP	59,7	74,5	<0,001
4	GH	55,5	79,7	<0,001
5	VT	53,4	80,4	<0,001
6	SF	67,7	66,7	<0,38
7	RE	59,02	77,8	<0,001
8	MN	57,3	83,3	<0,001
9	RN	47,7	53,7	<0,01
10	MN	45,6	54,2	<0,001

Note: P<0,38 difference statistically insignificant

In the group of women who gave birth after the term presented in Table 1, 50 points out of 100 points were calculated as the average score, and the results were very close to 50 points, of which RP- 52,1 BP-59,7; GH-55,5; VT-53,4; RE-59,02; MN-57,3 scale scores are very close to 50 points, which is a very low result.

women who gave birth on time are compared with the main healthy, socially active people of the general population, i.e., the part with a much higher quality of life, their indicators are relatively low on the scales, but they are much higher compared to the indicators of women who gave birth after the due date, PF-83.3; RP- 67.3; BP-74.5; GH-79.7; VT-80.4; RE-77,8; It can be seen that MN-83.3 was formed.

Women with preterm delivery had one of the lowest scores based on the role of physical activity in their lives (52.1) , compared to 67.3 in the control group. It shows an excess of 29.1% compared to the main group.

From the obtained results, it is clear that in women with health problems, their health problems are indicated by their pregnancy loss and reduced quality of life.

Based on the obtained results, we can give an example of a decrease in physical activity based on the state of premature birth, a decrease in physical activity can be the basis for the occurrence of deficiencies in the body and specific changes in the development of the fetus.

In the next place, the indicator on the scale (SF) reflecting social activity in women who gave birth after the due date is 75,7 it is higher compared to other indicators, they showed relatively good communication with loved ones, relatives, but compared to healthy socially active people, this indicator relatively little defined.

It is worth noting that women have had changes in their health in the last 2-4 weeks and in the last days, which means that they have less social communication.

term, this indicator was much higher SF-82,7, but because it was the last months of pregnancy, social communication was relatively less in all pregnant women.

The low physical health component (Physicalhealth-PH) scale in both groups of women (47,7:53,7) shows that their physical condition is 12,5% lower. The lowest score indicates a very low level based on the role of physical activity in a person's lifetime.

The psychological component of health (MentalHealth-MH) is a general indicator of a positive emotional state, its low score (45,6:54,2) indicated that the psychological state of women during childbirth and within 4 weeks was indecisive, stressed and had a low level of vital activity.

At the same time, the results of the evaluation and the results of the scores evaluated on the basis of the scales show that all the indicators of women who gave birth on time are higher than those of women who gave birth after the term, and they show a relatively low quality of life, stress and the possibility of various diseases.

The analysis of the results of the implemented scientific studies shows that the indicators of lifestyle of mothers who gave birth after term are much lower (from 76 to 45,6). This affects their physical condition, pain sensations, activity, social life component, general physical condition, low psychological condition, high probability of stress and depression, and their quality of life. It can be evaluated by the lowness of 8 scales in the questionnaire. Mothers who gave birth at term had a lifestyle score of 74,5 to 83,3 indicating that their quality of life was better than that of women who gave birth at term.

This study is an urgent problem for mothers who gave birth after the term, in order to protect their health. It is necessary to take care of their health at the time of childbirth and during the last 2-4 weeks, it can be done by preventing and treating various diseases before and during pregnancy, and by reducing or eliminating factors that affect premature birth.

Conclusions.

1. It was found that the physical component of health (Physicalhealth-PH) scale was low in the women of the control group, compared to the women who gave birth on term, the women in the control group were 12,5% less than their physical condition.

2. Among the women involved in the study, the ratio of the psychological component of health (MentalHealth-MH) to the overall index of positive emotional state (45,6:54,2) showed that the psychological state of women changed during the period of childbirth, that is, within four weeks.

3. Changes in the quality of life during pregnancy showed that the life activity of women is much lower as a result of prolonged pregnancy period and various stressors.

4. Pre-pregnancy medical examinations should be carried out on time, sanitary education should be organized among women, mothers' school program should be completed on time, and healthy lifestyle should be implemented to prevent it.

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